

RETURN TO DUTY REPORTING SLIP

(For employees who do not clock time cards) *

JUN 3 1963

H/L 21 Jan - 4 May 63 004 d.
H/L/T May 5-11, 63 - 7 "

TO : Payroll Section via Records Section, PND-TPE

(Check and fill in the appropriate item below)

This is to confirm that E. M. WALSH SHPL PROP SHOP
(Name and Title of Employee)

* 17 days Co. business alt
(Ref.No. _____) F03

- ☐ 1. has returned to duty from HOME leave on _____ as scheduled.
- ☒ 2. has returned to duty from HOME leave on 4/24 13, 1963 with the leave dates revised to be from 8/21 1963 through 11/11 1963.
(hour)(day)(month)(year) (hour)(day)(month)(year)
- ☐ 3. has failed to return to duty upon expiration of his _____ leave.

(Name, Title & Signature of Supervisor)

Date : 15 May 63

NOTE: The immediate supervisor concerned is responsible for completing and submitting this form immediately (1) when the employee returns to duty from Annual Leave, Home Leave, Emergency Leave or Leave Without Pay, either as originally scheduled or with revised leave dates or (2) if the employee fails to return to duty upon expiration of the leave requested. See PND-CIRCULAR-63/07 for further details if necessary.

Form PD-136

APPROVED FOR RELEASE DATE:
24-Aug-2010